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**TB CARE I**

# **TB CARE I - Nigera COP**

**Year 3  
Quarterly Report  
April - June 2013**

**July 30, 2013**

## Quarterly Overview

<b>Reporting Country</b>	<b>Nigeria COP</b>
<b>Lead Partner</b>	<b>KNCV</b>
<b>Collaborating Partners</b>	<b>WHO</b>
<b>Date Report Sent</b>	30 July 2013
<b>From</b>	Tushar Kanti Ray
<b>To</b>	USAID Mission
<b>Reporting Period</b>	<b>April - June 2013</b>

<b>Technical Areas</b>	<b>% Completion</b>
3. Infection Control	25%
5. TB/HIV	50%
6. Health Systems Strengthening	67%
7. M&E, OR and Surveillance	27%
<b>Overall work plan completion</b>	<b>42%</b>

### Most Significant Achievements

A major highlight during the quarter was the conduct of the “Organizational Development / Institutional Strengthening” training course which was organized for stakeholders working at State level to create insight in the process of organizational development and institutional strengthening and to explore ways to strengthen the TB network at State level resulting in better TB program results. Participation for the training was drawn from key TB stakeholders such as the ILEP organizations, NTBLCP training center, Zaria, TB CARE I consortium and State TB program Managers. The training had the following recommendation as immediate next steps amongst others 1) TB CARE partners to discuss with USAID and National TB and Leprosy program the need for the Coordination at State Level the TB network and ; 2)TBCARE partners to explore the need for (financial and technical) support in the 4 States present to create the TB Network and get it functioning.

TB CARE I continued to support facilities in the implementation of Infection control. Through the ILEP partners 2 comprehensive ART centers and 10 other TB sites were supported to develop infection control plans during the quarter. Additionally, TB CARE I continued to support the NTP in the expansion of TB/HIV services to additional 8 states through the conduct of ToT ; from the initial 26 states where TB CARE I supports TB/HIV implementation. In all, about 80.2% of suspects counseled were tested for HIV. Also 89.2% of patients counseled were tested for HIV. Of those co-infected (811) about 83% were able to access CPT and 69% accessed ART services.






### Overall work plan implementation status



The overall work plan implementation is 42 % despite the fact that the workplan implementation only began in April 2013. We expect to conclude on activities in September.





### Technical and administrative challenges




The security challenges in some states continued to impact on the ability of the states to implement activities as well as on service utilization. This in effect has also impacted on our performance and achievement of results. In some instances, TB CARE I have been forced to move trainings away from some of the challenged locations to other places to ensure activities are not hindered.

## Quarterly Activity Plan Report



3. Infection Control			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
3.2 Scaled-up implementation of TB-IC strategies	3.2.1	Support IC practices in secondary & tertiary facilities	WHO	5.226	 50%	Sep	2013	Two (2) secondary health facilities providing comprehensive ART services in Jigawa state were supported to develop functional Hospital specific Infection control policies. The hospitals are Dutse General Hospital and Kazaure GH; the process includes Advocacy visits to the facilities by the Jigawa State TB and HIV Control Programmes following which members of Hospital Infection control committees were identified with IC focal person. This visit was followed by the IC assessment of the two facilities by an IC expert and members of the IC committees, the hospital specific Infection control policies were then developed; Staff in the hospital were thereafter sensitized on the Hospital infection control policies. This reduces the risk of nosocomial transmission of TB in these facilities providing care for both HIV and TB patients. Technical support will be provided by the State TB and HIV control Programme to ensure continuous functionality of the established IC committees. The 2 remaining facilities will also be supported in August 2013.
	3.2.2	Organize TOT for core National facilitators on Infection Control	KNCV	21.125	 25%	Sep	2013	ILEP partners are currently conducting basic assessments to identify facilities requiring IC plans in collaboration with state program managers including LGA supervisors to be implemented next quarter.
	3.2.3	Upgrading of National Training Centre to serve as model for IC in the country	KNCV	17.681	 0%	Jul	2013	Awaiting TA visit to conduct the national TOT and basic site assessment for the upgrading.
	3.2.4	Participation of 2 persons (architect from NPHCDA, PO from NTBLCP) at Harvard IC course	KNCV	19.550	 50%	Aug	2013	The course is scheduled for August in Boston at Harvard University. At the moment one candidate has been offered admission and all payments and logistics have been addressed. The second candidate from National Primary Health Development Agency (NPHCDA) is processing her VISA.
	3.2.5	TA for IC (for National assessment, facilitation of National TOT & detail assessment of the IC model centre	KNCV	34.468	 0%	Nov	2013	Activity is planned for Nov 2013.



	<b>3.2.6</b>	Orientation of Health Facilities on TB Infection Control + Development of TB-IC plan	KNCV	226.950	 25%	Sep	2013	Training of Health Facility staff on TB infection control was conducted in 5 facilities each in Jigawa and 5 Kano with the expected outcome of orienting the facility staff on TBIC and producing a facility TBIC plan. A total of 109 (M=104; F=28) participants attended in Jigawa while 138 (M=98; F=40) were oriented in Kano. In all, 10 TB Infection control plans were developed. The remaining facilities staff of other identified centers will be trained next quarter.
					 25%			


5. TB/HIV			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
5.2 Improved diagnosis of TB/HIV co-infection	<b>5.2.1</b>	Organize TOT on TB/HIV Collaboration, HCT (8 State teams)	KNCV	28.688	 100%			The ToT on TB/HIV collaboration was conducted from 12th - 14th June 2013 in Abuja with a total of 23 participants (20 M; 3 F) from 8 states participating in the trainings; The states are Kebbi, Cross River, Osun, Anambra, Edo, Jigawa, Delta and Kano. Participants include STBLCO, SAPC and programme staff. The participants will support step down training in their respective states.
	<b>5.2.2</b>	Train DOTS staff from 15 NTBLCP/WHO existing DOTS facilities on HCT	WHO	26.308	 50%	Mar	2013	A total of 15 (M=6; F=9) participants trained on TB, TBHIV collaborative activities including HCT for TB suspects and patients in Enugu state. The objective of the training is to build the capacity of the DOTS staff on HIV screening of all registered TB patients on treatment at the DOTS facilities. Training for remaining DOTS staff scheduled for July 2013 in Kaduna state.
	<b>5.2.3</b>	Participation in TB/HIV Conference or ICASA (NTBLCP, KNCV, WHO)	KNCV	12.375	 0%	Sep	2013	Awaiting finalization of dates for the Conference.
	<b>5.2.4</b>	Procurement	KNCV	34.813	 0%	Aug	2013	The procurement of 6 LED microscopes inclusive of INH for 5,000 PLHIV and LED reagents are being made by HQ. TB CARE I is expecting delivery in August.

<b>5.2.5</b>	Training of TB DOTS Clinic Staff on (TB/HIV collaborative activities)	KNCV	107.681	 50%	Jul	2013	A 5-day training of DOTS staff on TBHIV collaborative activities was held for GHWs for a total of 22 participants (M=10;F=12) by DFB. Additionally, GLRA also trained a total of 40 (M=6;F=34) from their supported states. The objectives of the trainings were 1)To acquaint and refresh the participants knowledge on National policies and guidelines on TB control and collaborative TB/HIV activities including roles and responsibilities of different stakeholders; 2) To update the participants on the current national guidelines on identification of TB suspects, as well as TB diagnosis and classification. As a fallout of training it is expected that access to quality DOTS services for those in need would increase and expectedly too, that case detection and management will improve.
<b>5.2.6</b>	Training of Laboratory staff on HIV rapid testing	KNCV	115.841	 50%	May	2013	A 5 days training for laboratory staff on HIV rapid testing with 18 participants (M=4; F=14) was held for Oyo and Osun states. GLRA also trained thir first batch of laboratory personnel. From their states a total of 19 (M=6;F=13) were trained. The purpose of the training was to improve the quality of the diagnostic skills of lab staff. Essentially the training covered topics such as HIV rapid test; diagnosis of PTB; Sample collection, Smearing and staining etc.
<b>5.2.7</b>	Training of DOTS staff and LGATBLS on HCT	KNCV	209.381	 50%	May	2013	5 days training of DOTS staff and LGATBLS on HCT was held by DFB during the quarter with 22 participants (M=10; F=14) in attendance from Oyo and Osun states. GLRA similarly trained a total of 76 (17M; 59).The aim of the training was to 1)Provide the participants with the basic facts about HIV/AIDS; b) To acquaint the participants with the basic principles of HCT including Provider-initiated Testing and counselling (PITC); c) To provide the participants with knowledge and skill about HIV rapid testing using the NASCP approved serial testing algorithm. and; d) To educate the participants on safety issues in HCT he training also provided the participants an understading of the TB/HIV reporting and recording tools and referral system.

5.2.8	TB CARE I Pre-Implementation workshop for State programme	KNCV	87.466	<div><div></div></div> 100%	Apr	2013	Pre-implementation workshop was held by GLRA for its supported states during the quarter. The training was attended by control officer and other stakeholders. A total of 67 persons (M=38; F=29) were in attendance. The Objectives of the workshop included: To provide the participants with an Overview of TBCARE-1 Project ; To provide the participants with an understanding of the role of M&E in TBCARE-1; To ensure that participants have a common understanding of the M&E system, including responsibilities for data collection & reporting. Similar meetings were held by program staff of DFB , NLR and TLMN supported states. In all, 16 persons attended the workshop (11M and 5 F) from DFB; 44 from NLR states (M=42;F=2) and 24 persons from TLMN states (M17; F=7).
5.2.9	Support TB treatment adherence in high burden facilities	KNCV	22.950	<div><div></div></div> 50%	Jun	2013	The activity was aimed at addressing treatment interruption thereby ensuring case holding and improved treatment outcomes. All the 11 states supported by NLR received funds for the implementation of this activity. Similarly, TLMN supported a total of 25 facilities with communication support which enable them to track TB patient on treatment and ensure adherence. 5 HF each from Niger, Kwara, Sokoto, Zamfara and Kogi were supported with airtime.However, Kano being one of the 2 new states and Gombe an old TB care supported state could not conduct the activity due to overriding activities from partners. the Activity for the 2 states will take place next quarter
5.2.10	Training of Gombe state HIV team on TB/HIV & clinical management of co-infected patients	WHO	9.167	<div><div></div></div> 50%	Jun	2013	Member of State HIV team from Gombe and other states(Oyo, Imo, Kogi and Zamfara states) were pulled centrally to Lagos and trained on HIV operational manual including TBHIV collaborative activities in June 2013. A total of 11 participants (5M, 6F) from the state teams were trained. The state teams were trained to stepdown the training at the state level to the LGA HIV teams in the four states. The state level training for LGAs HIV focal person and other members of the state team is scheduled for July 2013. The state level training in the 4 states will be held simultaneously.
5.2.11	Training of Imo state HIV team on TB/HIV & clinical management of co-infected patients	WHO	17.353	<div><div></div></div> 50%	Jun	2013	
5.2.12	Training of Oyo state HIV team on TB/HIV & clinical management of co-infected patients	WHO	19.507	<div><div></div></div> 50%	Jun	2013	
5.2.13	Training of Kogi state HIV team on TB/HIV & clinical management of co-infected patients	WHO	10.777	<div><div></div></div> 50%	Jun	2013	
				<div><div></div></div> 50%			



6. Health Systems Strengthening			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
6.1 TB control is embedded as a priority within the national health strategies and plans, with matching domestic financing and supported by the engagement of partners	6.1.1	Selection and upgrading of health facilities	KNCV	66.600	 50%	Jun	2013	A total of four facilities were renovated by NLR in Jigawa State during the quarter. Similarly, DFB renovated 6 facilities in Oyo and Osun states; TLMN renovated 5 in Niger. The purpose of the renovation is to contribute to health system strengthening. Renovation work done include tiling of floor, replacement of ceiling with plastic ceiling replacement broken louvers blades, repair of cracked walls repair or replacement of damaged door and painting amongst others. Kano state was also provided with similar funding support but the activity was not done due to competing activities. Fifteen (15) are currently being renovated in Kebbi and yet to be concluded. The facilities in Kano will be renovated next quarter.
	6.1.2	Selection and upgrading of Laboratories	KNCV	66.600	 50%	Jun	2013	Equally, laboratory renovations were conducted in 4 labs in Jigawa States by NLR and 6 in Oyo and Osun by DFB and 3 labs were also renovated in Niger. The renovations similar to the health facility renovations covered tiling of floor ,work bench ,replacement of ceiling replacement of broken louvers blade or installation of louvers where not available , installation of sink , and painting. The renovation in 7 labs in Kebbi state are yet to be completed and as earlier mentioned Kano state was also provided with similar funding support but the activity was not done as a result of other competing activities. The renovations are planned for next quarter.








	<b>6.1.3</b>	Organizational development (IDOS) training for ILEP partners, NTBLCP, NTBLTC	KNCV	45.360	 100%	Apr	2013	The "Organizational Development/Institutional Strengthening" training course was organized for stakeholders working at State level to create insight in the process of organizational development and institutional strengthening and to explore ways to strengthen the TB network at State level resulting in better TB program results. The 17 (16 males and 1 female) , are representatives of: The State TB and Leprosy program (4) , Zaria Training Centre (2), ILEP partners (8) ( GLRA, DFB , NRL , TLMN) and TBCARE I partners (3) (MSH, KNCV Tuberculosis Foundation and FHI 360. Participapnts were drawn from ILEP partners, State program managers, GF partners and the NTP. At the end of the training participants were equipped to recognize the importance and the complexity of capacity development issues regarding TB control at State level; Know the concepts of institutional strengthening and organizational development and;be able to understand what determines capacity and capacity development regarding TB control at State level;
					 67%			






7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.2 Improved capacity of NTPs to analyze and	<b>7.2.1</b>	Training of State HIV teams, SASCP Team (4 per state and National) for 6 states on supervision	KNCV	30.088	 25%	Jun	2013	The training curriculum is currently being developed, checklist used by HIV programmes at National and state level is also being reviewed. The training is scheduled for last week of August 2013.



use quality data for the management of the TB program

<b>7.2.2</b>	QM of TB/HIV subcommittee	WHO	4.838	 100%	Mar	2013	The meeting was held with relevant stakeholders. Key issues discussed included the harmonization of DOTS expansion and the HIV expansion plan; Progress and way forward for scaling up IPT implementation in the country; Strengthening access of TB/HIV conected to ART services; Status of the use of Rifabutin among HIV clients and infection control practices at health facilities: some of the Key decisions taken during the meeting: NTBLCP to expand DOTS services into the 156 health facilities that NACA will be expanding ART services into 12 states in 2013; NTBLCP to also prioritize facilities providing HIV services for DOTS expansion in other states; NASCP and NTBLCP to finalize and circulate the IPT facility data tool to all IPs and also provide INH for use in 2013; reviewed ART, TB/HIV guidelines should be disseminated to all facilities; NTBLCP to provide the TB suspects register for use in ART clinic to enhance tracking of PLHIV sent for TB diagnostic services; NASCP should facilitate the expansion of ART services to the existing DOTS services; NTBLCP to review algorithm for the use of gene xperts with inputs from the meeting; the report of the meeting is attached; 37 officers (M=27; F=10) participated in this meeting.
<b>7.2.3</b>	Quarterly NASCP Program review meetings with the 4 States	WHO	40.680	 25%	May	2013	National Programme review and Stakeholders meeting with 5 states (Gombe, Kogi, Imo, Oyo and Zamfara states) held in Lagos from 21st - 22nd June 2013. States SAPC presented their programmes , plan of activities for next quarter were developed and finalized; challenges to programme implementation at the state level were identified and addressed. Some of the challenges include lack of proper handover of sites by partners leaving the state (because of regionalization programme of the IPs) thus hampering provision of services and also affecting maintenance of equipment's such as the CD4 machines. NASCP will meet with the concerned partners to address this challenge. NASCP also stated during the meeting that a system has been put in place to ensure that there are no interruption in the provision of ART services to PLHIV including the TB/HIV co-infected patients; this system will be strengthened. States data are in the state summary reports.

<b>7.2.4</b>	Quarterly Program review meeting Imo (SASCP, LASCP, State M & E, STBLCO)	WHO	17.868	 0%	Jun	2013	The SOP including the expected outcomes of this meeting has been developed; this will guide the conduct of this meeting in July .2 meetings were planned to be supported with COP 12 (One meeting in July and the other one in September 2013)
<b>7.2.5</b>	Quarterly Program review meeting Kogi (SASCP, LASCP, State M & E, STBLCO)	WHO	14.619	 0%	Jun	2013	The SOP including the expected outcomes of this meeting has been developed; this will guide the conduct of this meeting in July .2 meetings were planned to be supported with COP 12 (One meeting in July and the other one in September 2013).
<b>7.2.6</b>	Quarterly Program review meeting Oyo (SASCP, 23 LASCP, State M & E, STBLCO)	WHO	21.089	 0%	Jun	2013	The SOP including the expected outcomes of this meeting has been developed; this will guide the conduct of this meeting in July .2 meetings were planned to be supported with COP 12 (One meeting in July and the other one in September 2013).
<b>7.2.7</b>	Quarterly supervision by the SASCP team in 4 States	WHO	16.272	 0%	Jun	2013	The quarterly supervision planned for July and September 2013.
<b>7.2.8</b>	Monthly supervision by the LGA team in 4 States to health facilities	WHO	23.391	 50%	Jun	2013	11 LGA supervision were conducted to health facilities for the collection of data and programme supervision. Key findings include, PLHIV were routinely screened for TB, documentation especially for those on care is suboptimal, TB patients are initiated on ARVs irrespective of CD4 count, stock out of INH for IPT in facilities implementing IPT, the referral between DOTS and ART services not optimal. This finding is being discussed with the programme, the programme is now releasing the INH for IPT to address the issue of stock out observed at facility level.
<b>7.2.9</b>	Quarterly supervision by NASCP	WHO	7.628	 0%	May	2013	This is being planned; the first of the supervision which is Scheduled for May 2013 will be used for also obtaining some baseline information.
<b>7.2.10</b>	Procurement of 2 project vehicles including fueling + management for 2 states HIV programme	WHO	86.445	Cancelled			This activity has been cancelled and funds re-programmed in COP 13.
<b>7.2.11</b>	Supervision from the National level to state (3 supervisory visits)	WHO	5.933	 100%	Jun	2013	Joint TB/HIV Supervisory visits were conducted by National and State levels to Adamawa, Enugu and Jigawa States. Key findings include: routine HCT for TB suspects and patients observed on the field; increased uptake of CPT among co-infected; suboptimal documentation on ARVs for co-infected patients; linkage of co-infected to ARVs is still a challenge especially in most PHCs visited; stock out of HIV test kits reported in a few of the facilities visited.

<b>7.2.12</b>	Strengthen overall M & E system on TB/HIV collaborative activities	KNCV	441.406	 50%	Jun	2013	The NLR , GLRA and DFB Medical Advisor conducted 10 Supervisory visits to Nasarawa, Benue and Plateau, Oyo, Osun and Lagos, Ondo, Rivers, Enugu and Ekiti. States . The visits were aimed at providing supportive supervision to the states and facilities and to also monitor the quality of implementation of DOTS and TB /HIV activities in some health facilities being supported by TB Care 1 and validation of data. Issues observed during supervision include non placement of all dually infected patients placed on ARV in all the clinics visited; R&R tools not properly filled in all the clinics visited; IC plan not in place in all the facilities amongst others Similarly, three (7) Mand E visits were paid by DFB and GLRA to states during the quarter, INH prophylaxis (for < 6), and HIV test kits were not available in most health facilities visited. They were equally not available in state stores at the time of visit. During the visits mentorship and support were provided the service providers. Gaps identified addressed there and then or solutions recommended. Visits were also paid by the LGATBLS to the DOTS service providers with a view to ensuring services are implemented according to NTBLCP guide lines. QA visits were conducted during the quarter to the TB care supported sites. Similarly the state QA officer visited the laboratory sites to assure quality of TB diagnostic sites. A total of visits were conducted by the states to LGA
<b>7.2.13</b>	Meeting to finalize NTBLCP Atlas	KNCV	3.469	 0%			Activity is planned to take place next quarter.
<b>7.2.14</b>	Quarterly program review meeting Gombe (SASCP, 23 LASCP, State M & E, STBLCO)	WHO	9.450	 0%	Jun	2013	The SOP including the expected outcomes of this meeting has been developed; this will guide the conduct of this meeting in July .
<b>7.2.15</b>	Support OR activity on the implementation of TB/HIV activities	KNCV	20.000	 25%			Research questions are being generated, this will be prioritized during the next meeting of the National TB/HIV working Group in July 2013. The process for the OR will thereafter commenced in August 2013. This will be done in collaboration with state programme and institutions. It is expected that the outcome of this OR will support the National programmes in making an evidence based policy that will further strengthen programme implementation towards achieving the desired goals and targets.
				 27%			

Total Approved Staffing & Operations Budget	386.038
Grand Total Approved Project Budget	2.433.077

## 5. TB CARE I-supported International Visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks
1	KNCV	3.2.5	Max Meis (PMU)	Assessment of IC interventions at MDR treatment sites & ILEP IC interventions	1-Mar-13	Planned		Planned for September
2	KNCV	3.2.5	Max Meis (PMU)	Assessment of IC interventions at MDR treatment sites & ILEP IC interventions	1-Aug-13	Planned		Planned for September
3	KNCV	5.1.24	Management for Development Foundation (M.D.F.)	IDOS Training for ILEP Partners	1-Mar-13	Completed	Apr-13	Visits was from April/May
4	KNCV	5.1.24	Marleen Heus	IDOS Training for ILEP Partners	1-Mar-13	Completed	Apr-13	Visits was from April/May
5								
Total number of visits conducted (cumulative for fiscal year)						2		
Total number of visits planned in workplan						4		
Percent of planned international consultant visits conducted						50%		

## Quarterly Photos (as well as tables, charts and other relevant materials)

### KIYAWA PHC LABORATORY BEFORE RENOVATION

Reception before renovation



Reception after renovation



Inside Lab before renovation



Inside Lab after renovation



### REPORT OF ORIENTATION ON TB INFECTION CONTROL FOR GHCWS AT MALAMMADORI PHC

Some pictures of minor renovations that TB CARE I supported in Jigawa State during the quarter